



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2006 Rate Codes - Professional & Medical Services

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PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	\$40.78	\$21.61	4/1/2006
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER,	\$94.81	\$47.81	4/1/2006
97001	PHYSICAL THERAPY EVALUATION	\$75.70	\$64.42	4/1/2006
97002	PHYSICAL THERAPY RE-EVALUATION	\$40.09	\$32.20	4/1/2006
97003	OCCUPATIONAL THERAPY EVALUATION	\$80.99	\$62.95	4/1/2006
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$48.74	\$30.69	4/1/2006
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$4.56	\$4.56	4/1/2006
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	\$14.77	\$14.77	4/1/2006
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION	\$14.37	\$14.37	4/1/2006
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	\$13.99	\$13.99	4/1/2006
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	\$6.44	\$6.44	4/1/2006
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	\$14.74	\$14.74	4/1/2006
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	\$5.31	\$5.31	4/1/2006
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	\$4.93	\$4.93	4/1/2006
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	\$6.07	\$6.07	4/1/2006
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL),	\$15.89	\$15.89	4/1/2006
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	\$20.41	\$20.41	4/1/2006
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	\$14.00	\$14.00	4/1/2006
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$12.12	\$12.12	4/1/2006
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	\$23.05	\$23.05	4/1/2006
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	\$11.72	\$11.72	5/1/2005
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES	\$28.01	\$28.01	4/1/2006
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$29.11	\$29.11	4/1/2006
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	\$31.74	\$31.74	4/1/2006
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$24.59	\$24.59	4/1/2006



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97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$22.32	\$22.32	4/1/2006
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	\$15.83	\$15.83	5/1/2005
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC	\$26.10	\$26.10	4/1/2006
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$17.40	\$17.40	4/1/2006
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER	\$29.11	\$29.11	4/1/2006
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING,	\$24.60	\$24.60	4/1/2006
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	\$26.10	\$26.10	4/1/2006
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND	\$29.87	\$29.87	4/1/2006
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY	\$27.23	\$27.23	4/1/2006
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	\$27.99	\$27.99	4/1/2006
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	BR	BR	1/1/1993
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION	BR	BR	1/1/1993
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANES	\$48.82	\$48.82	4/1/2006
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$62.04	\$62.04	4/1/2006
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT	BR	BR	1/1/2001
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL	\$29.89	\$29.89	4/1/2006
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR	\$34.83	\$34.83	4/1/2006
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT O	\$31.05	\$25.79	4/1/2006
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$28.39	\$25.01	4/1/2006
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$26.07	\$17.43	4/1/2006
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	BR	BR	10/1/1982
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE	\$18.07	\$18.07	4/1/2006
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,	\$18.07	\$18.07	4/1/2006
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	\$7.17	\$7.17	4/1/2006



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PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS	\$26.04	\$21.94	5/1/2005
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	\$36.64	\$31.79	5/1/2005
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	\$47.22	\$42.37	5/1/2005
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	\$24.59	\$21.58	4/1/2006
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	BR	BR	1/1/2004
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS) EACH	BR	BR	1/1/2004
G0248	DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH	\$249.66	\$249.66	4/1/2006
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$18.07	\$18.07	4/1/2006
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$7.17	\$7.17	4/1/2006